ZONING VERIFICATION LETTER

City of Lindale
P.O. Box 130 /105 Ballard Dr.
Lindale, TX 75771
Phone: 903-882-6861 Fax: 903-881-8170

Date: _____

Name of Property Owner: _____

Current Business Name and Type: _____

Address of Subject Property: _____

Legal Description: _____
(Lot, Block, and Subdivision or Abstract, Survey, Tract and Section)

Please provide information of the person the letter should be sent to:

Name: _____

Address: _____

Phone number: _____

E-mail Address: _____

Please provide information of the person that the letter will be addressed to:

Name: _____

Address: _____

Phone number: _____

E-mail Address: _____

There will be a $25.00 fee for each zoning verification letter due upon receipt of the request.

Please mail all request to: Community Development P.O. Box 130
Lindale, Texas 75771

By Email to:
communitydevelopment@lindaletx.gov

FOR OFFICE USE ONLY	
APPLICATION FEE:	$25.00
PERMIT NO:	_____